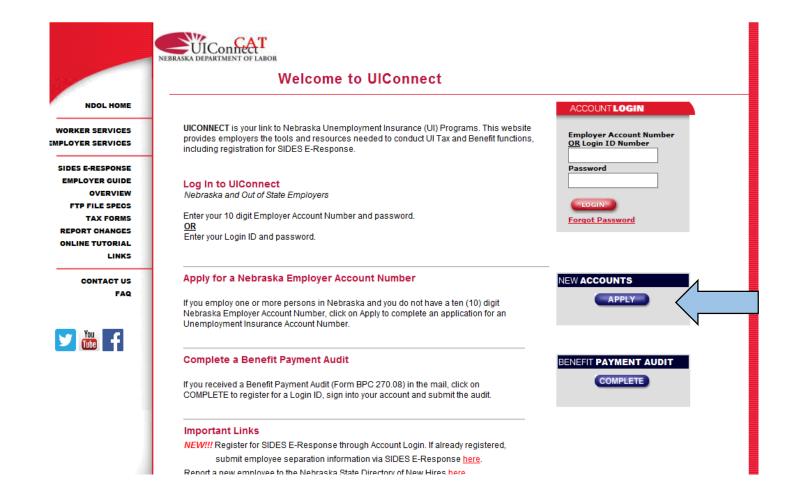
Nebraska Ul Connect

Table of Contents:

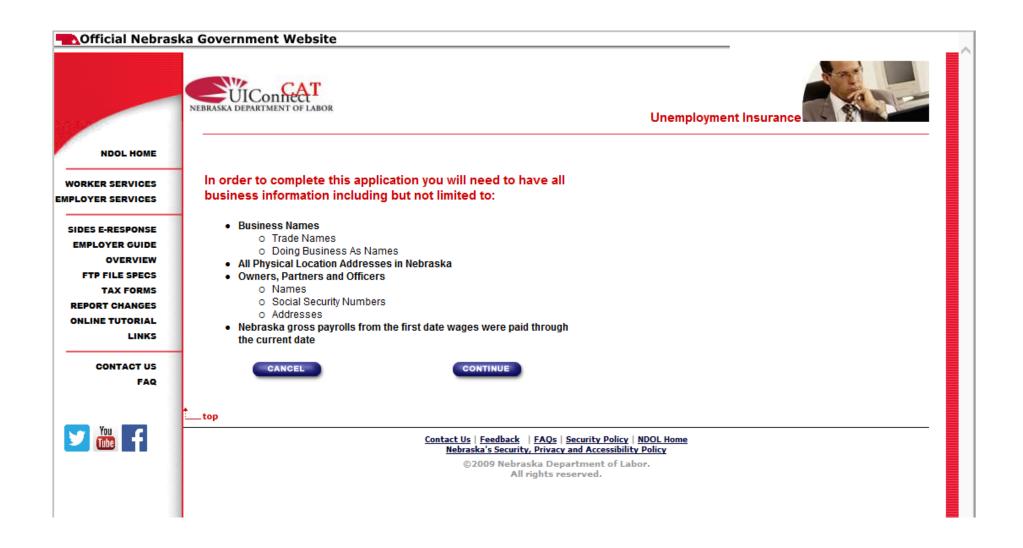
| Regis | stration | |
|-------|----------------------|----|
| J | Email notifications | |
| | Domestic | 15 |
| | Non-Profit 501(c)(3) | 19 |
| | Governmental | |
| | Agriculture | 27 |
| | Transfers | |

Registration

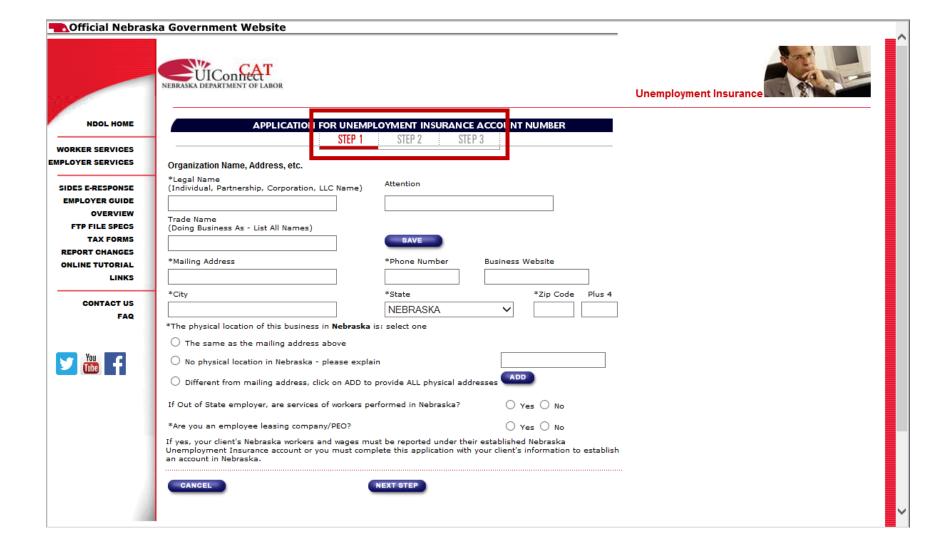


WWW.DOL.NEBRASKA.GOV/UICONNECT

Registration for new accounts



After clicking the "Apply" button, the preview of information needed for registration will appear.

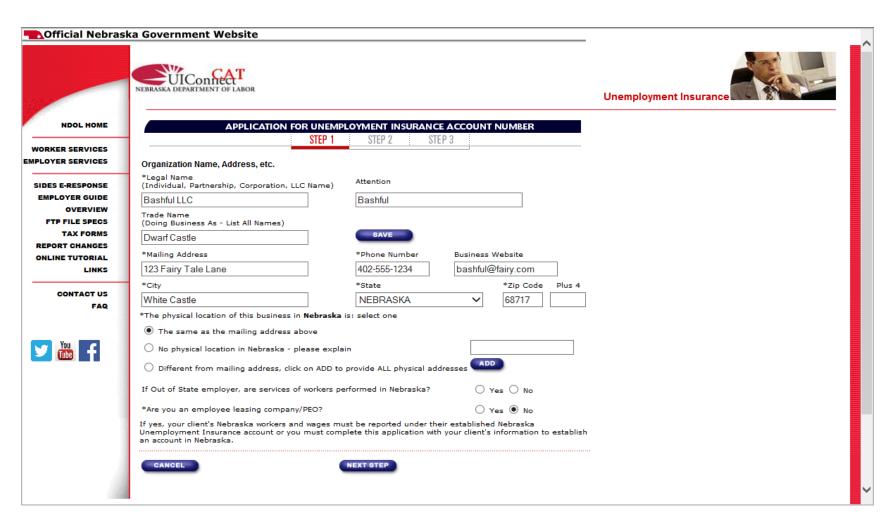


Registration is a three-step process.

* **Required Fields** – Error messages will identify incomplete fields and stop the user from advancing to next step.

All users will complete Step 1 and Step 2.

- Individual/Sole proprietor
- Partnership
- Corporation
- Limited Liability Company
- Non-profit organization Not 501 (c) (3)



The selection in the Organization Information section will determine step 3.

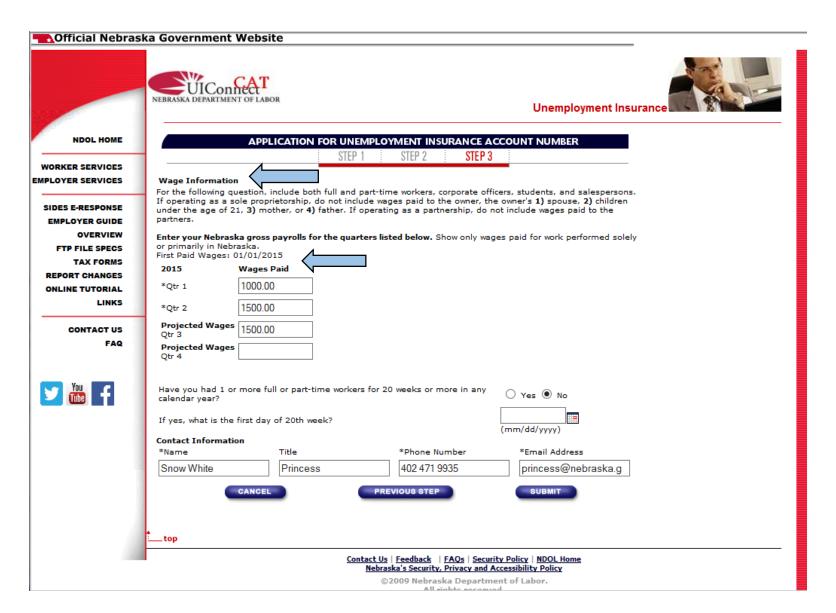
Ensure completion of: "Date you first paid wages in Nebraska".

Notice that you can add more owners, partners, and officers as needed.

| NDOL HOME | APPLICATION FOR UNITARILOY | MENT INCUDANCE ACCOUNT NUMBER |
|----------------------------|--|---|
| NDOE HOME | STEP 1 | MENT INSURANCE ACCOUNT NUMBER STEP 2 STEP 3 |
| VORKER SERVICES | - 3111 1 | OILI Z |
| PLOYER SERVICES | *Federal Identification Number | *Date You First Paid Wages in Nebraska |
| | 47-7777777 OR | 01/01/2015 (mm/dd/yyyy) |
| IDES E-RESPONSE | Check here if Applied For | |
| EMPLOYER GUIDE OVERVIEW | | |
| FTP FILE SPECS | *Are you liable for the payment of Federal Unemployme | ent Taxes(FUTA)? (Yes No |
| TAX FORMS | *Organization Information | |
| REPORT CHANGES | ☐ Individual/Sole Proprietor | Non-Profit Organization - 501(c)(3) |
| NLINE TUTORIAL | Partnership | □ Non-Profit Organization - not 501(c)(3) |
| LINKS | Corporation | Governmental |
| CONTACT US | | |
| FAQ | ✓ Limited Liability Company (LLC) | ☐ Domestic |
| | Taxed As: Single Member(LLC) | Agriculture |
| | Partnership(LLC) | |
| You | ✓ Corporation(LLC) | |
| Tube | *Identification of Owners, Partners, and Officers | |
| | *Social *First Name Middle Initial *Last N | Name Title *Address |
| | 000-00-0001 Officer One | 123 Fairy Tale Lane |
| | 000-00-0002 Officer Two | 123 Fairy Tale Lane |
| | | |
| | This information is critical *Describe the primary business activity in Nebraska (Ref | I to determine your tax rate. tail, Service, Agriculture, Construction, Manufacturing, e |
| | Mining | |
| | *Describe the major products produced/sold or service p Health Care, Grain, Livestock, Roofing, Landscaping, Au | |
| | Gold | |
| | \sim | |
| | *Did you acquire the business of a predecessor? | ○ Yes ● No |
| | CANCEL | VIOUS STEP NEXT STEP |
| | | |
| | | |
| | top | |

Wage information is for Individual/Sole proprietor, Partnership, Corporation, LLC and Non-Profit Organizations – not 501(c)(3) organizations.

"First Paid Wages" obtained from Step 2 and "Wages Paid" boxes begin with that corresponding quarter.



Application Confirmation is for employers to print copies for their records.

Official Nebraska Government Website





NDOL HOME

WORKER SERVICES **EMPLOYER SERVICES**

SIDES E-RESPONSE EMPLOYER GUIDE OVERVIEW **FTP FILE SPECS** TAX FORMS REPORT CHANGES ONLINE TUTORIAL

> **CONTACT US** FAQ







LINKS

APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

Application Confirmation. - Click here to Print @

Congratulations Snow white of Bashful LLC! You have completed your application for a Nebraska Department of Labor - Unemployment Insurance Employer Account Number. You will receive an email immediately at princess@nebraska.gov to confirm your submission. If necessary, a representative from our office will contact you to review your application. Thank you for using UICONNECT.

Employer Account Registration

Organization Name, Address, etc.

Legal Name: Bashful LLC Trade Name: Dwarf Castle Attention: Bashful

Mailing Address: 123 Fairy Tale Lane Phone Number: 402-555-1234 City: White Castle NE State:

Zip Code: 68717 Zip +4:

Business Website: bashful@fairy.com

Physical Location(s)

Physical location is the same as the mailing address.

Identification of Owners, Partners, and Officers

| Social Security Number | First Name | Middle Initial | Last Name | Title | Address |
|------------------------|------------|----------------|-----------|-------|---------------------|
| 000-00-0001 | Officer | | One | | 123 Fairy Tale Lane |
| 000-00-0002 | Officer | | Two | | 123 Fairy Tale Lane |

Organization Information

Organization Type 1: Corporation(LLC)

Organization Type 2:

Email Notifications from Registration:

An email confirmation of the application received by UI Connect will be sent to the employer's email address immediately.



Wed 5/6/2015 10:07 AM

NDOL.UIConnect@nebraska.gov

FROM TEST SITE!! Registration Confirmation for ARIEL MERMAID

To

NDOL UIConnect Dev Team

Wed May 06 10:07:23 CDT 2015

Thank you Ariel Mermaid of ARIEL MERMAID for using UICONNECT!

We have received your application for a Nebraska Department of Labor Unemployment Insurance Employer Account Number. You will receive an email confirmation to indicate that your request has been processed, or someone from this agency will contact you.

Message for : mermaidzrule@nebraska.gov

Thank You.

Nebraska Department of Labor State of Nebraska http://www.dol.nebraska.gov/UIConnect This is a system-generated message from the UIConnect Application.

Sent when employer Subject:



Tue 4/14/2015 2:23 PM

NDOL.UIConnect@nebraska.gov

FROM TEST SITE!! Response from UICONNECT

To

NDOL UIConnect Dev Team

Tue Apr 14 14:23:16 CDT 2015

Thank you Snow White of BASHFUL LLC (DWARF CASTLE) for using UICONNECT!

We have processed your application. You will receive a letter through the US Mail indicating your Unemployment Insurance Account Number and your combined tax rate. Please contact this office at 402.471.9982 if you have questions.

Message for : princess@nebraska.q

Thank You.

Nebraska Department of Labor State of Nebraska http://www.dol.nebraska.gov/UIConnect

Sent when employer is Not Subject:



Wed 5/6/2015 9:20 AM

NDOL.UIConnect@nebraska.gov

FROM TEST SITE!! Response from UICONNECT

To

NDOL UIConnect Dev Team

Cc

NDOL UIConnect Test

Wed May 06 09:20:09 CDT 2015

Thank you Snow White of BASHFUL LLC (DWARF CASTLE) for using UICONNECT!

After reviewing your application, it has been determined that you do not meet the requirements to pay unemployment insurance. If you feel this is incorrect or have additional questions, please contact this office at 402.471.9982

Message for: princess@nebraska.g

Thank You.

Nebraska Department of Labor State of Nebraska http://www.dol.nebraska.gov/UIConnect

Sent when employer is Duplicate:



Wed 5/6/2015 9:23 AM

NDOL.UIConnect@nebraska.gov

FROM TEST SITE!! Response from UICONNECT

To

NDOL UIConnect Dev Team

Wed May 06 09:22:59 CDT 2015

Thank you Snow White of BASHFUL LLC (DWARF CASTLE) for using UICONNECT!

It is not necessary to register to access your Nebraska Unemployment Insurance account information or to file quarterly reports. Currently there is an active Nebraska Unemployment Insurance account associated with this FEIN. To access your account, enter your employer account number and PIN to login. Contact your UIConnect Help Line at 402.471.9898 if this is not accurate or to obtain your PIN.

Message for : princess@nebraska.g

Thank You.

Nebraska Department of Labor State of Nebraska http://www.dol.nebraska.gov/UIConnect

Sent when employer is Doubt Ck:



Wed 5/6/2015 9:27 AM

NDOL.UIConnect@nebraska.gov

FROM TEST SITE!! Response from UICONNECT

To

NDOL UIConnect Dev Team

Cc

NDOL UIConnect Test

Wed May 06 09:26:52 CDT 2015

Thank you Snow White of BASHFUL LLC (DWARF CASTLE) for using UICONNECT!

After reviewing your application, it has been determined that you have not met the requirements to pay unemployment insurance at this time **or** your application was incomplete. If you feel that this is incorrect or have any questions, please contact this office at 402.471.9982

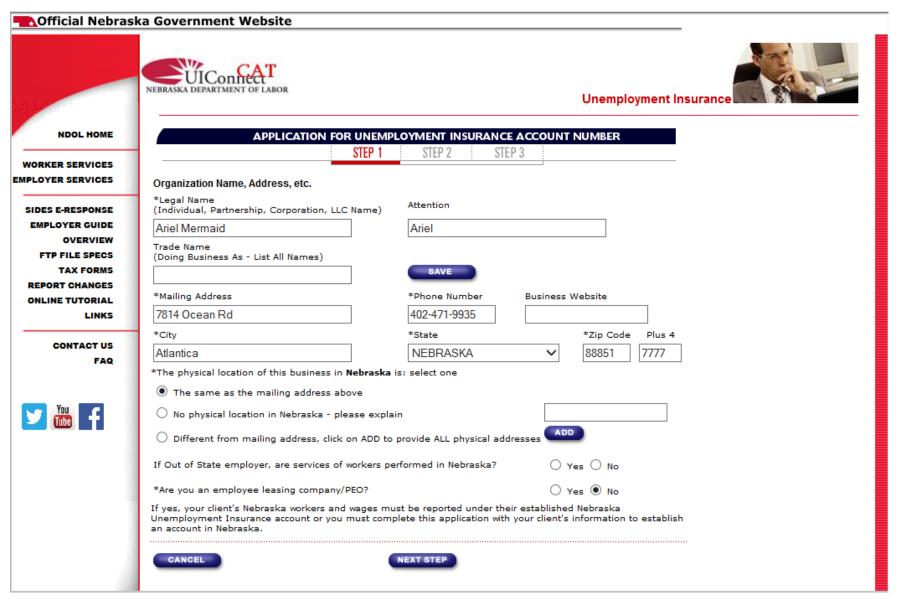
Message for : princess@nebraska.q

Thank You.

Nebraska Department of Labor State of Nebraska http://www.dol.nebraska.gov/UIConnect

Domestic

All users will complete step 1 and step 2

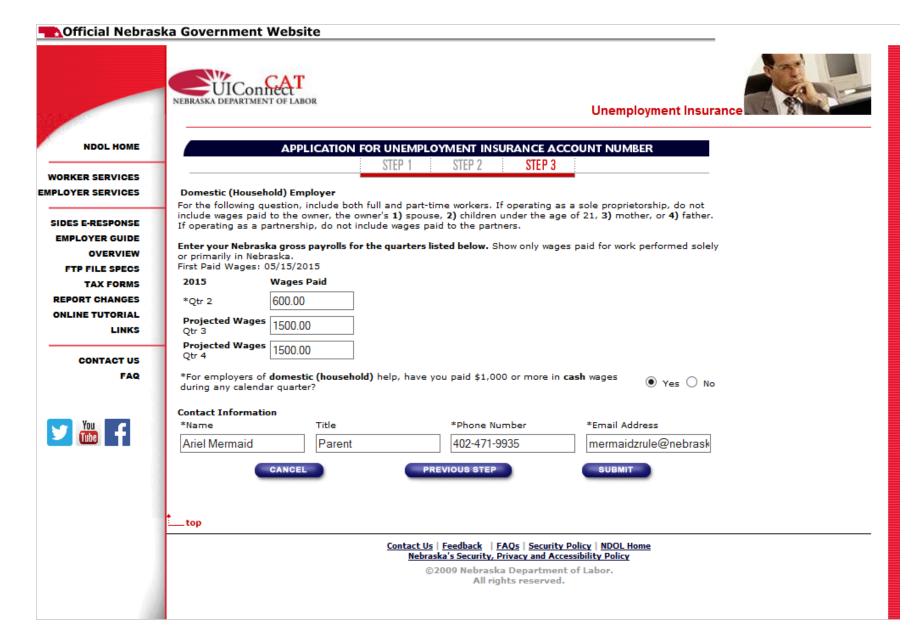


If an employer doesn't have a Federal Identification Number, they must check "Applied For"

Under Organization Information, an employer can choose up to two Organization types for correct liability status. Error messages appear when choices are made that are invalid.

| *Pote You First Paid Wages in Nebraska SERVICES | HDOL HOME | APPLICATI | | EMPLOYMENT INS | | UNT NUMBER | |
|--|-------------------|-------------------|------------------|----------------------|--------------------|--------------------------------|--|
| RESPONSE CARCES CARCES | SERVICES | | 3151 | SIEF Z | 9151.9 | | |
| Partnership (LLC) Corporation (LLC) Partnership (LLC) Partne | *Federal Identif | ication Number | | | | s in Nebraska | |
| *Are you liable for the payment of Federal Unemployment Taxes(FUTA)? Yes No *Organization Information *Organization - 501(c)(3) Partnership | -RESPONSE | OR | | 05/15/20 | 15 (mm/da | d/yyyy) | |
| **Organization Information **Organization Information **Individual/Sole Proprietor Domestic | YER GUIDE | if Applied For | | | | | |
| *Organization Information *Organization Information *Individual/Sole Proprietor Non-Profit Organization - 501(c)(3) Partnership Non-Profit Organization - not 501(c)(3) Corporation Governmental | *Are you liable t | or the payment o | f Federal Une | mployment Taxes(F | UTA)? O Yes | ● No | |
| ANGES FORIAL LINKS Partnership | *Organization In | formation | | | | | |
| Partnership | | ole Proprietor | | □ Non-F | rofit Organization | - 501(c)(3) | |
| Corporation Governmental Limited Liability Company (LLC) Agriculture Partnership(LLC) Agriculture **Social Security *First Name Middle Initial *Last Name Title *Address 000-00-0000 Officer One 7814 Ocean Rd, Atlantic This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc) Service *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, | RIAL | | | | | | |
| Limited Liability Company (LLC) Taxed As: Single Member(LLC) Partnership(LLC) Corporation(LLC) *Identification of Owners, Partners, and Officers *Social Security *First Name Middle Initial *Last Name Title *Address 000-00-0000 Officer One 7814 Ocean Rd, Atlantic ADD MORE This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc) Service *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, | LINKS | | | | _ | | |
| Taxed As: Single Member(LLC) Agriculture | | lity Company (LL) | C) | | | | |
| Partnership(LLC) Corporation(LLC) *Identification of Owners, Partners, and Officers *Social Security *First Name Middle Initial *Last Name Title *Address 000-00-0000 Officer One 7814 Ocean Rd, Atlantic | | | - | | | | |
| *Social *First Name Middle Initial *Last Name Title *Address *O00-00-0000 Officer One 7814 Ocean Rd, Atlantic ADD MORE This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc) *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, | | _ | | | | | |
| *Identification of Owners, Partners, and Officers *Social Security *First Name Middle Initial *Last Name Title *Address 000-00-0000 Officer One 7814 Ocean Rd, Atlantic This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc) Service *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, | | _ | • | | | | |
| *Social Security *First Name Middle Initial *Last Name Title *Address 000-00-0000 Officer One 7814 Ocean Rd, Atlantic ADD MORE This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc) Service *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, | ** | | | | | | |
| Security This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc) Service *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, | | f Owners, Partner | rs, and Officer | S | | | |
| This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc) Service *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, | | *First Name | Middle Initial | *Last Name | Title | *Address | |
| This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc) Service *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, | 000-00-0000 | Officer | | One | | 7814 Ocean Rd, Atlantic | |
| This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc) Service *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, | | | | | | | |
| This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc) Service *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, | | | | | | | |
| This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc) Service *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, | | | | | | | |
| *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc) Service *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, | ADD | MORE | | | | | |
| Service *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, | /// | | | | - | | |
| *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, | | imary business a | ctivity in Nebra | ska (Retail, Service | , Agriculture, Con | struction, Manufacturing, etc) | |
| | Service | | | | | | |
| Health Care, Grain, Livestock, Roofing, Landscaping, Auto Parts, Computer Software, etc) | | | | | | | |
| Household/Nanny | Household/N | anny | | ^ | | | |
| ✓ | | | | \checkmark | | | |
| *Did you acquire the business of a predecessor? O Yes No | *Did you acquire | the business of | a predecessoi | ? | O Yes |) No | |
| | | | | | | | |

Notice that the questions that are asked are only specific to liability requirements of Domestic (Household) Employers.



Official Nebraska Government Website





18

Unemployment Insurance

NDOL HOME

WORKER SERVICES EMPLOYER SERVICES

SIDES E-RESPONSE **EMPLOYER GUIDE** OVERVIEW FTP FILE SPECS TAX FORMS REPORT CHANGES ONLINE TUTORIAL LINKS

> **CONTACT US** FAQ



Employer confirmations are for

the employers to print and keep

for their records.





APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

Application Confirmation. - Click here to Print

Congratulations Ariel Mermaid of Ariel Mermaid! You have completed your application for a Nebraska Department of Labor - Unemployment Insurance Employer Account Number. You will receive an email immediately at mermaidzrule@nebraska.gov to confirm your submission. If necessary, a representative from our office will contact you to review your application. Thank you for using UICONNECT.

Employer Account Registration

Organization Name, Address, etc.

Legal Name: Ariel Mermaid

Trade Name:

Attention: Ariel

Mailing Address: 7814 Ocean Rd Phone Number: 402-471-9935 City: Atlantica State: NE Zip Code: 88851 Zip +4: 7777

Business Website:

Physical Location(s)

Physical location is the same as the mailing address.

Identification of Owners, Partners, and Officers

Social Security Number First Name Middle Initial Last Name Title Address

000-00-0000 Officer One 7814 Ocean Rd, Atlantica, NE

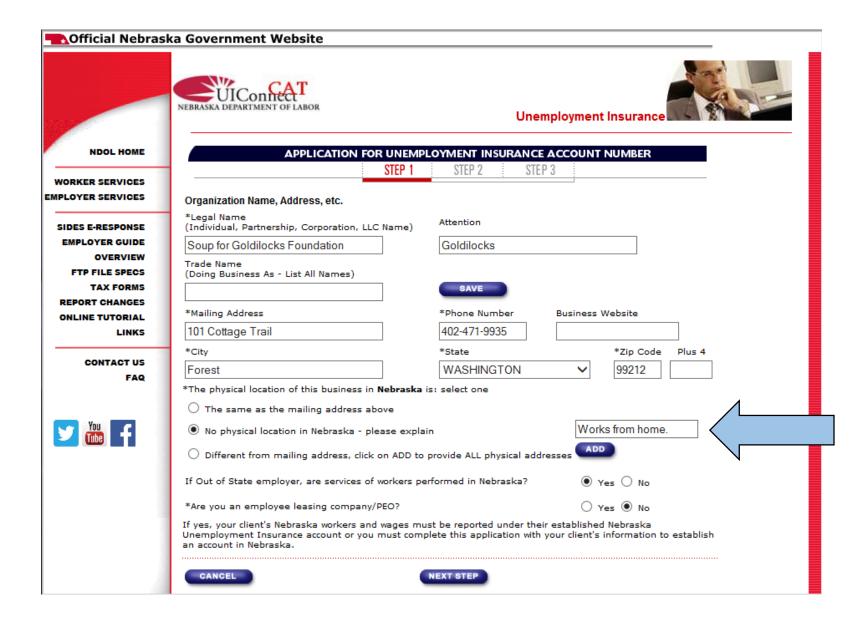
Organization Information

Organization Type 1: Individual Organization Type 2: Domestic Federal ID Number: Applied For 05/15/2015 Date First Paid Wages:

Miscellaneous Company Information

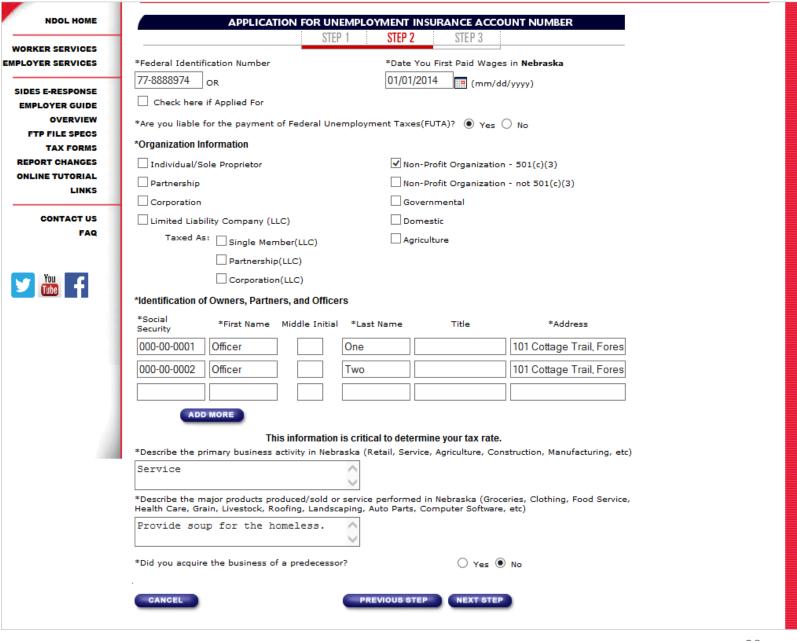
Liable for FUTA?: PEO/Leasing Company?:

Non-Profit Organization – 501(c)(3)



Out of state employers may not have a physical location in Nebraska. If none, we ask that they explain. This is mainly for Labor Market Information purposes.

Also note that we ask Out of State employers if services of workers are performed in Nebraska. If the answer is "No", no account will be set up. The selection in the Organization Information section will determine step 3.







NDOL HOME

WORKER SERVICES EMPLOYER SERVICES

SIDES E-RESPONSE **EMPLOYER GUIDE** OVERVIEW **FTP FILE SPECS TAX FORMS** REPORT CHANGES ONLINE TUTORIAL LINKS

> CONTACT US FAO











STEP 3 STEP 2

Non-Profit Organization

For the following question, include both full and part-time workers, corporate officers, students, and salespersons.

Enter your Nebraska gross payrolls for the quarters listed below. Show only wages paid for work performed solely or primarily in Nebraska.

First Paid Wages: 01/01/2014

| 2014 Wages | s Paid | 2015 | Wages Paid |
|---------------|--------|--------------------------|------------|
| *Qtr 1 2500.0 | 00 | *Qtr 1 | 2500.00 |
| *Qtr 2 2500.0 | | *Qtr 2 | 2500.00 |
| *Qtr 3 2500.0 | 00 | Projected Wages Qtr 3 | 2500.00 |
| *Qtr 4 2500.0 | 00 | Projected Wages Qtr 4 | 2500.00 |

You must provide a copy of your 501(c)(3) exemption letter from the IRS. If unable to attach a copy of your exemption letter, please fax to 402-471-9994.

Attach Document: \Desktop\CSV Filing Exa Browse..

Attach Document

*Is your organization primarily operating for religious purposes?

*Did your organization employ four (4) or more persons in twenty (20) weeks during any calendar year including full and part time workers in Nebraska?

If yes, what is the first day of the 20th week?

O Yes

No (mm/dd/yyyy)

O Yes
No

If you are required to pay unemployment, select the payment option you prefer:

Contributory Employer. As a contributory employer, quarterly expenses are limited to the taxable wages multiplied by the employer's tax rate. There may be unemployment insurance expense each year even if no benefits are paid.

 Reimbursable Employer. As a reimbursable employer, you are still required to file quarterly tax and wage reports. Expenses are incurred only when a former employee is paid benefits. The expenses may be 26 times the employee's weekly benefit amount.

Contact Information

*Email Address *Name Title *Phone Number GoldilocksLikesSour × Goldilocks Smith CEO 402-471-9935 PREVIOUS STEP CANCEL

exemption letter from IRS with registration or gives information to fax the letter.

Allows users to attach

They are given the option of choosing to be a contributory or a reimbursable employer.

Notice that the questions that are asked are specific to liability requirements of Non-Profit Organizations – 501(c)(3) only.

Control of the contro





NDOL HOME

WORKER SERVICES EMPLOYER SERVICES

SIDES E-RESPONSE
EMPLOYER GUIDE
OVERVIEW
FTP FILE SPECS
TAX FORMS
REPORT CHANGES
ONLINE TUTORIAL
LINKS

CONTACT US



Application Confirmation. - Click here to Print

Congratulations Goldilocks Smith of Soup for Goldilocks Foundation! You have completed your application for a Nebraska Department of Labor - Unemployment Insurance Employer Account Number. You will receive an email immediately at GoldilocksLikesSoup@nebraska.gov to confirm your submission. If necessary, a representative from our office will contact you to review your application. Thank you for using UICONNECT.

APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER

Employer Account Registration

Organization Name, Address, etc.

Legal Name: Soup for Goldilocks Foundation

Trade Name:

Attention: Goldilocks

Mailing Address: 101 Cottage Trail

Phone Number: 402-471-9935

 City:
 Forest

 State:
 WA

 Zip Code:
 99212

Zip +4:

Business Website: <u>Physical Location(s)</u>

Works from home.

Identification of Owners, Partners, and Officers

| Social Security Number | First Name | Middle Initial | Last Name | Title | Address |
|------------------------|------------|----------------|-----------|-------|-------------------------------|
| 000-00-0001 | Officer | | One | | 101 Cottage Trail, Forest, WA |
| 000-00-0002 | Officer | | Two | | 101 Cottage Trail, Forest, WA |

Organization Information

Organization Type 1: 501c3

Organization Type 2:

 Federal ID Number:
 778888974

 Date First Paid Wages:
 01/01/2014

Miscellaneous Company Information

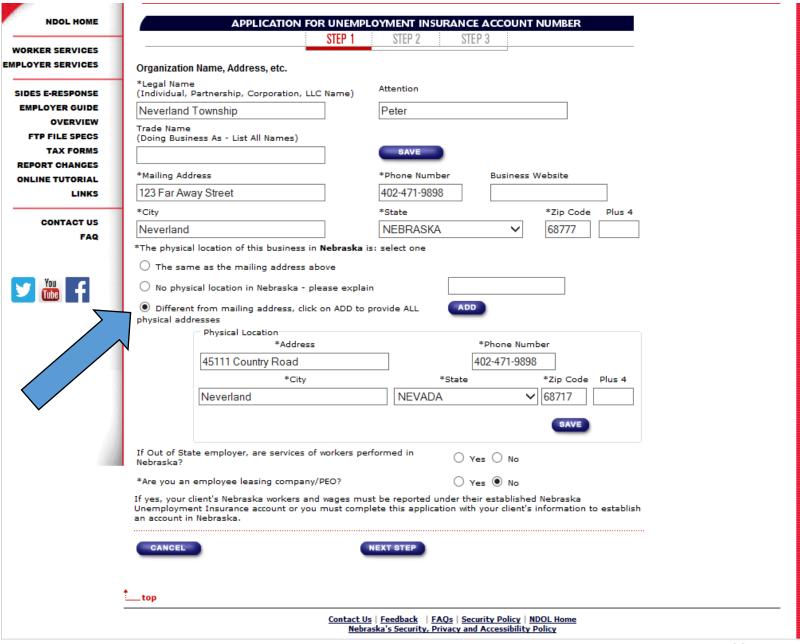
Liable for FUTA?:

Confirmation shows explanation of no physical location in Nebraska.

Confirmation of registration to be printed by employer for their records.

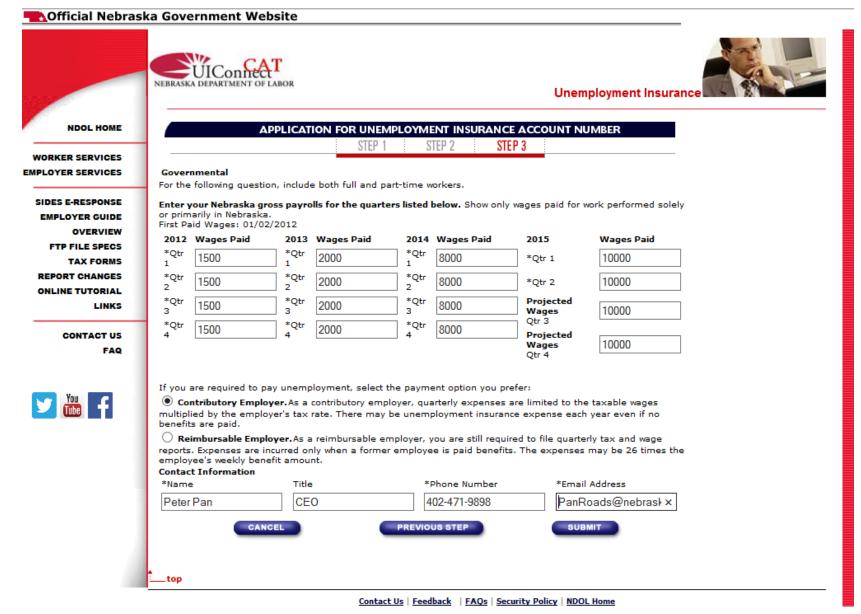
Governmental

Notice "Different from mailing address" choice under Physical Location of this business in Nebraska.

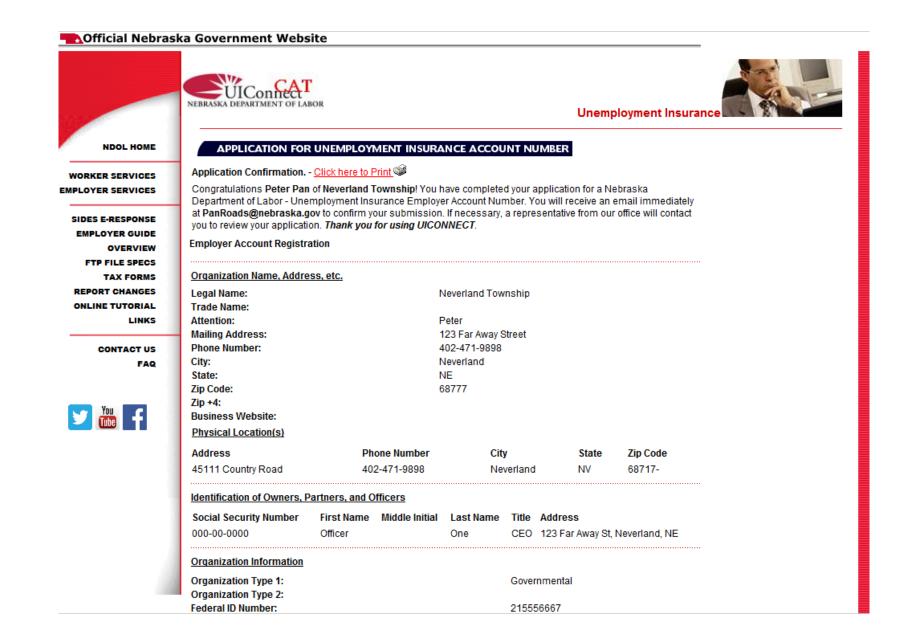


| NDOL HOME | APPLICATION FOR UNEMPLOYMENT INSURANCE ACCOUNT NUMBER | |
|---------------------------------|--|----------|
| RKER SERVICES | STEP 1 STEP 2 STEP 3 | |
| OYER SERVICES | *Federal Identification Number *Date You First Paid Wages in Nebraska | |
| | 21-5556667 OR 01/02/2012 (mm/dd/yyyy) | |
| DES E-RESPONSE MPLOYER GUIDE | Check here if Applied For | |
| OVERVIEW | *Are you liable for the payment of Federal Unemployment Taxes(FUTA)? Yes No | |
| FTP FILE SPECS | | |
| TAX FORMS | *Organization Information | Notice |
| EPORT CHANGES NLINE TUTORIAL | ☐ Individual/Sole Proprietor ☐ Non-Profit Organization - 501(c)(3) | |
| LINKS | ☐ Partnership ☐ Non-Profit Organization - not 501(c)(3) | to com |
| | ☐ Corporation ✓ Governmental | |
| CONTACT US | ☐ Limited Liability Company (LLC) ☐ Domestic | services |
| FAQ | Taxed As: Single Member(LLC) | in dete |
| | Partnership(LLC) | |
| You | ☐ Corporation(LLC) | type. |
| You F | *Identification of Owners, Partners, and Officers | |
| | *Social | |
| | Security *First Name Middle Initial *Last Name Title *Address | |
| | 000-00-0000 Officer One CEO Away St, Neverland, NE | |
| | | |
| 1 | | |
| 1 | | |
| A | ADD MORE | |
| /// | This information is critical to determine your tax rate. | |
| 100 | *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc) | |
| | Service. | |
| | | |
| | *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, Health Care, Grain, Livestock, Roofing, Landscaping, Auto Parts, Computer Software, etc) | |
| | Maintain country roads. | |
| | ✓ · | |
| | *Did you acquire the business of a predecessor? Yes No | |
| | · | |

Notice that text boxes are available to complete for business activity and services performed. This detail assists n determining tax rates and industry type.

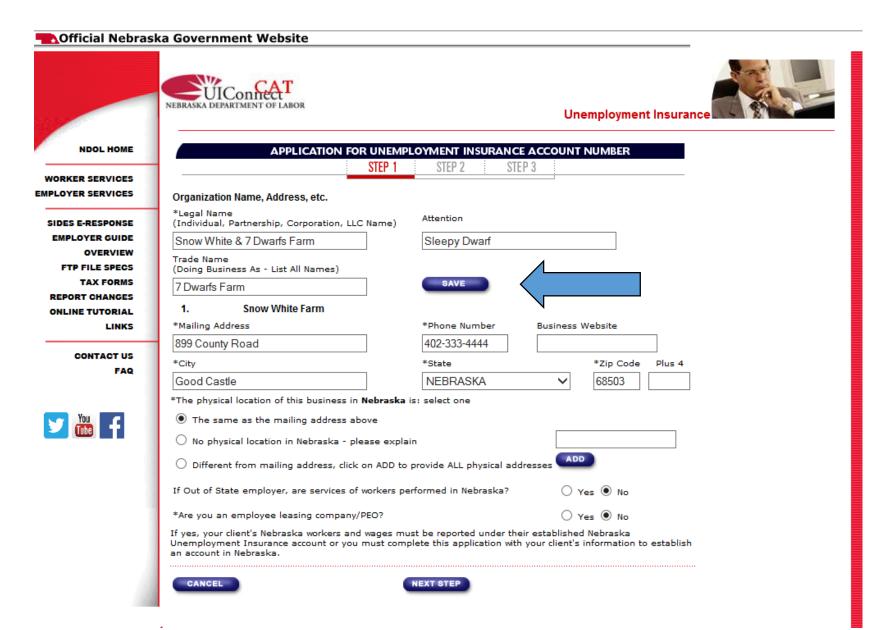


Notice that questions asked are specific to liability requirements of Governmental Entities only. Since "First Paid Wages" date is 01/02/2012, four years of wage boxes are required to be completed.



Confirmation to be printed by employer for their files.

Agriculture



Trade Names (Doing Business As) by pushing the "Save" button.

27



| *Social Security *First Name Middle Initial *Last Name Title *Address 000-00-0001 Officer One Farmer Good Castle, NE 68 000-00-0002 Officer Two Partner Good Castle, NE 68 ADD MORE This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing Agriculture *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service) | | STEP | 1 | STEP 2 | | STEP 3 | |
|---|---|-----------|--------------|-------------|-----------|---------------|-----------------------------|
| Check here if Applied For *Are you liable for the payment of Federal Unemployment Taxes(FUTA)? Yes No *Organization Information Individual/Sole Proprietor Non-Profit Organization - 501(c)(3) Partnership Non-Profit Organization - not 501(c)(3) Corporation Governmental Limited Liability Company (LLC) Domestic Taxed As: Single Member(LLC) Partnership(LLC) Corporation(LLC) *Identification of Owners, Partners, and Officers *Social *First Name Middle Initial *Last Name Title *Address Security *First Name Middle Initial *Last Name Good Castle, NE 68 000-00-0001 Officer One Farmer Good Castle, NE 68 *O00-00-0002 Officer Two Partner Good Castle, NE 68 *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing Agriculture *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service) | *Federal Identification Number | | | *Date | You Firs | t Paid Wage: | s in Nebraska |
| *Are you liable for the payment of Federal Unemployment Taxes(FUTA)? Yes No *Organization Information Individual/Sole Proprietor | 47-7777777 OR | | | 01/05 | /2006 | (mm/de | d/уууу) |
| *Porganization Information Individual/Sole Proprietor Non-Profit Organization - 501(c)(3) Partnership Non-Profit Organization - not 501(c)(3) Governmental Limited Liability Company (LLC) Taxed As: Single Member(LLC) Partnership(LLC) Corporation(LLC) Corporation(LLC) *Identification of Owners, Partners, and Officers *Social *First Name Middle Initial *Last Name Title *Address *Security *First Name Middle Initial *Last Name Title *Address *O00-00-0001 Officer One Farmer Good Castle, NE 68 000-00-0002 Officer Two Partner Good Castle, NE 68 *Domone This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing Agriculture *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service) *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service) | Check here if Applied For | | | | | | |
| Individual/Sole Proprietor | *Are you liable for the payment of Fede | ral Uner | nploymer | nt Taxe | s(FUTA) | ? • Yes | ○ No |
| Partnership | Organization Information | | | | | | |
| Corporation Governmental Limited Liability Company (LLC) Domestic Taxed As: Single Member(LLC) Agriculture Partnership(LLC) Corporation(LLC) Identification of Owners, Partners, and Officers *Social Security *First Name Middle Initial *Last Name Title *Address 000-00-0001 Officer One Farmer Good Castle, NE 68 000-00-0002 Officer Two Partner Good Castle, NE 68 ADD MORE This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing Agriculture *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service) | ☐ Individual/Sole Proprietor | | | No | n-Profit | Organization | n - 501(c)(3) |
| Limited Liability Company (LLC) Domestic Taxed As: Single Member(LLC) Agriculture Partnership(LLC) Corporation(LLC) Identification of Owners, Partners, and Officers *Social Security *First Name Middle Initial *Last Name Title *Address 000-00-0001 Officer One Farmer Good Castle, NE 68 000-00-0002 Officer Two Partner Good Castle, NE 68 ADD MORE This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing Agriculture *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service) | ✓ Partnership | | | No | n-Profit | Organization | - not 501(c)(3) |
| Taxed As: Single Member(LLC) Partnership(LLC) Corporation(LLC) *Identification of Owners, Partners, and Officers *Social Security *First Name Middle Initial *Last Name Title *Address 000-00-0001 Officer One Farmer Good Castle, NE 68 000-00-0002 Officer Two Partner Good Castle, NE 68 ADD MORE This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing Agriculture *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service) | Corporation | | | Go | vernme | ntal | |
| Partnership(LLC) Corporation(LLC) *Identification of Owners, Partners, and Officers *Social Security *First Name Middle Initial *Last Name Title *Address 000-00-0001 Officer One Farmer Good Castle, NE 68. 000-00-0002 Officer Two Partner Good Castle, NE 68. ADD MORE This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing Agriculture *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service) | Limited Liability Company (LLC) | | | □ Do | mestic | | |
| Corporation(LLC) *Identification of Owners, Partners, and Officers *Social | Taxed As: Single Member(LL | C) | | ✓ Ag | riculture | | |
| *Social *First Name Middle Initial *Last Name Title *Address 000-00-0001 Officer One Farmer Good Castle, NE 68 000-00-0002 Officer Two Partner Good Castle, NE 68 ADD MORE This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing Agriculture *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service) | Partnership(LLC) | | | | | | |
| *Social Security *First Name Middle Initial *Last Name Title *Address 000-00-0001 Officer One Farmer Good Castle, NE 68 000-00-0002 Officer Two Partner Good Castle, NE 68 ADD MORE This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing Agriculture *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service) | Corporation(LLC) | | | | | | |
| Security *First Name Middle Initial *Last Name Title *Address 000-00-0001 Officer One Farmer Good Castle, NE 68 000-00-0002 Officer Two Partner Good Castle, NE 68 ADD MORE This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing Agriculture *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service) | dentification of Owners, Partners, and | Officers | 6 | | | | |
| O00-00-0002 Officer Two Partner Good Castle, NE 68. This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing Agriculture *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Se | *First Name Middle | Initial | *Last Na | ame | | Title | *Address |
| This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing Agriculture *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service) | 000-00-0001 Officer | | One | | Farme | г | Good Castle, NE 68503 |
| This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing Agriculture *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Se | 000-00-0002 Officer | | Two | | Partne | r | Good Castle, NE 68503 |
| This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing Agriculture *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Se | | | | | | | |
| *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing Agriculture *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Se | ADD MORE | ` | | | | | |
| Agriculture *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Se | This infor | nation is | s critical | to dete | rmine y | our tax rate. | |
| *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Se | *Describe the primary business activity | in Nebra | ska (Reta | ail, Ser | vice, Agı | iculture, Con | struction, Manufacturing, e |
| | Agriculture | | | | | | |
| | | | | | | | |
| Cattle and corn. | Cattle and corn. | | \(\) | | | | |
| *Did you acquire the business of a predecessor? Yes No | · | | | | | | |

Social Security Number is a required field for Owners, Partners, and Officers.

Official Nebraska Government Website





NDOL HOME

WORKER SERVICES EMPLOYER SERVICES

> SIDES E-RESPONSE **EMPLOYER GUIDE** OVERVIEW **FTP FILE SPECS** TAX FORMS REPORT CHANGES ONLINE TUTORIAL LINKS

> > **CONTACT US** FAQ







| APPLICATION I | FOR U | NEMF | LOYN | MENT IN | ISURA | NCE AC | COUNT NUMBER | |
|---------------|-------|------|------|---------|-------|--------|--------------|--|
| | ST | EP 1 | | STEP 2 | | STEP 3 | | |

Agriculture

For the following question, include both full and part-time workers, corporate officers, students, and salespersons. If operating as a sole proprietorship, do not include wages paid to the owner, the owner's 1) spouse, 2) children under the age of 21, 3) mother, or 4) father. If operating as a partnership, do not include wages paid to the partners.

Enter your Nebraska gross payrolls for the quarters listed below. Show only wages paid for work performed solely or primarily in

First Paid Wages: 01/05/2006

| 2011 | Wages Paid | 2012 | Wages Paid | 2013 | Wages Paid | 2014 | Wages Paid | 2015 | Wages Paid |
|-----------|------------|-----------|------------|-----------|------------|-----------|------------|-----------------------------|------------|
| *Qtr 1 | 0 | *Qtr 1 | 0 | *Qtr 1 | 0 | *Qtr 1 | 0 | *Qtr 1 | 0 |
| *Qtr 2 | 0 | *Qtr 2 | 0 | *Qtr 2 | 0 | *Qtr 2 | 0 | *Qtr 2 | 0 |
| *Qtr | 0 | *Qtr 3 | 0 | *Qtr | 0 | *Qtr 3 | 0 | Projected Wages | 0 |
| *Qtr | 10000 | *Qtr | 15000 | *Qtr | 20000 | *Qtr | 25000 | Qtr 3 | · · |
| 4 | 10000 | 4 | 13000 | 4 | 20000 | 4 | 23000 | Projected Wages Qtr 4 | 25000 |

*For agriculture operations have you paid \$20,000 or more in cash wages (including officers) during any calendar quarter?

| Yes | 0 | No |
|-----|---|----|
| Yes | 0 | No |

*Have you had 10 or more workers (including officers) for 20 weeks or more in any calendar year?

(mm/dd/yyyy)

Yes

No

If yes, what is the first day of the 20th week?

| Contact Information | | | |
|---------------------|--------|---------------|------------------|
| *Name | Title | *Phone Number | *Email Address |
| Sleepy Dwarf | Farmer | 402-333-4444 | sleepy@farms.com |
| CAN | CEL | DECVIOUS STED | CUDMIT |

Note that First Paid Wages date is 01/05/2006 and the wage boxes start at 1st quarter of 2011. From date of registration, our system requires wages back four years plus current year.

Notice only questions pertaining to Agriculture liability requirements are presented.

EMPLOYER GUIDE OVERVIEW **FTP FILE SPECS** TAX FORMS REPORT CHANGES ONLINE TUTORIAL LINKS

CONTACT US







contact you to review your application. Thank you for using UICONNECT.

Employer Account Registration

Organization Name, Address, etc.

Legal Name: Snow White & 7 Dwarfs Farm

Trade Name: Snow White Farm

7 Dwarfs Farm

Sleepy Dwarf Attention: **Mailing Address:** 899 County Road Phone Number: 402-333-4444 City: Good Castle

NE State: Zip Code: 68503

Zip +4:

Business Website: Physical Location(s)

Physical location is the same as the mailing address.

Identification of Owners, Partners, and Officers

Social Security Number First Name Middle Initial Last Name Title Address

Officer One 000-00-0001 Good Castle, NE 68503 Good Castle, NE 68503 000-00-0002 Officer Two Partner

Organization Information

Organization Type 1: Partnership Organization Type 2: Agriculture Federal ID Number: 477777777 Date First Paid Wages: 01/05/2006

Miscellaneous Company Information

Liable for FUTA?: PEO/Leasing Company?: If Out of State employer, are services of workers performed in $_{\mbox{\scriptsize N}}$ Nebraska?:

Nature of Business: Agriculture Cattle and **Principal Activity:** corn. Acquire Predecessor?: Ν

<u>Agriculture</u>

Have you paid \$20,000 or more in cash wages during any calendar quarter? Have you had 10 or more workers for 20 weeks or more in any calendar year? Ν

If yes, what is the first day of the 20th week?

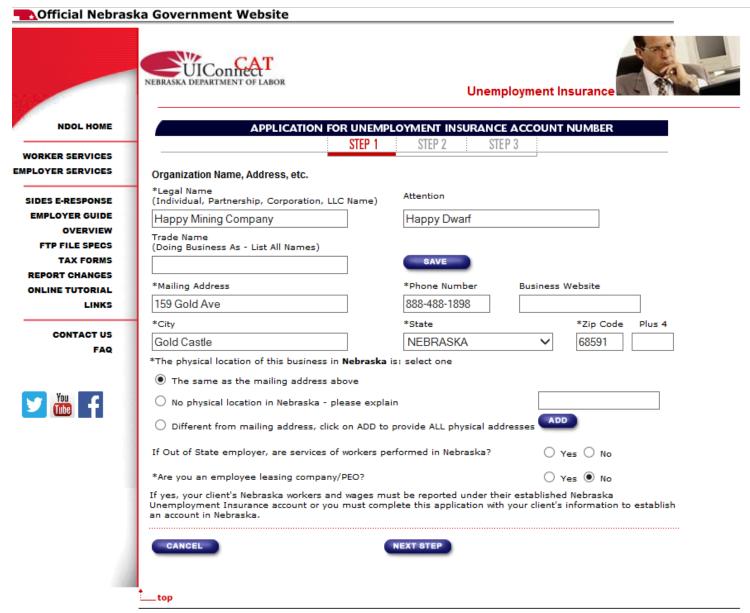
Confirmation to be printed

by employers for their files.

30

Transfers

All users will complete Step 1.



| SIDES E-RESPONSE | | | | | | |
|-----------------------------------|--|-------------------|---|---------------|------------------------|---|
| EMPLOYER GUIDE | ☐ Check here if Applied For | | | | | |
| OVERVIEW | *Are you liable for the payment of Federal Unemployment Taxes(FUTA)? Yes No | | | | | |
| FTP FILE SPECS | *Organization Information | | | | | |
| TAX FORMS | | | | | | |
| REPORT CHANGES ONLINE TUTORIAL | ☐ Individual/Sole Proprietor | | ☐ Non-Profit Organization - 501(c)(3) | | | |
| LINKS | Partnership | | Non-Profit Organization - not 501(c)(3) | | | |
| | ✓ Corporation | | Governmental | | | |
| CONTACT US FAQ | Limited Liability Company (LLC) | | Domestic | | | |
| | Taxed As: ☐ Single Member(LLC) | | Agriculture | | | |
| | Partners | nip(LLC) | | | | |
| You | Corporat | ion(LLC) | | | | |
| | *Identification of Owners, Part | ners, and Officer | s | | | |
| | *Social *First Name Security | e Middle Initial | *Last Name | Title | *Address | |
| | 000-00-0001 Officer | | One | CEO | 159 Gold Ave, Gold Cas | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| ADD MORE | | | | | | |
| /// | | | | | | |
| | This information is critical to determine your tax rate. *Describe the primary business activity in Nebraska (Retail, Service, Agriculture, Construction, Manufacturing, etc) | | | | | |
| | | | | | | |
| | Mining | | | | | |
| | *Describe the major products produced/sold or service performed in Nebraska (Groceries, Clothing, Food Service, Health Care, Grain, Livestock, Roofing, Landscaping, Auto Parts, Computer Software, etc) | | | | | |
| | Gold | | | | | |
| | *Did you acquire the business of a predecessor? | | | | | |
| | | | | | | _ |
| | CANCEL | | PREVIOUS S | TEP NEXT STEE | 3 | |

Notice selection of "Yes" for acquiring the business of a predecessor.

WORKER SERVICES **EMPLOYER SERVICES**

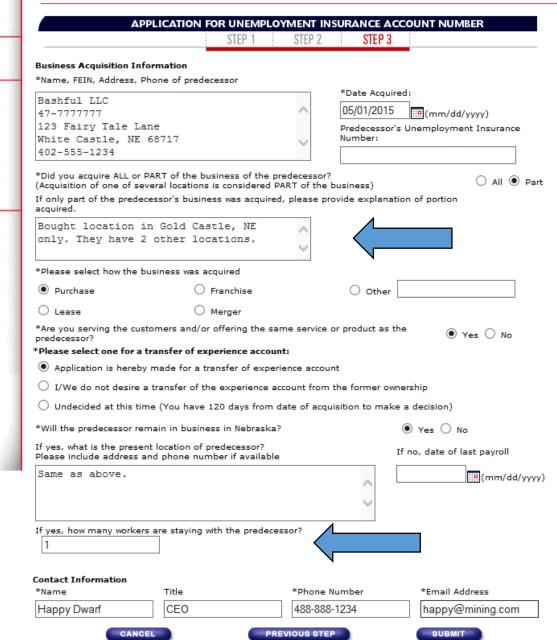
> SIDES E-RESPONSE **EMPLOYER GUIDE** OVERVIEW **FTP FILE SPECS** TAX FORMS REPORT CHANGES ONLINE TUTORIAL LINKS

> > **CONTACT US** FΔO









Notice that the questions asked are specific to needed information for all transfers.

When choosing the selection on "Did you acquire ALL or PART of the business..." we require an explanation of this. We also ask for the number of workers staying with the predecessor. This information is key to setting up partial transfers.

CONTACT US FAQ







nanny Auurcos.

Phone Number: 888-488-1898 Gold Castle City:

NE State: Zip Code: 68591

Zip +4:

Business Website: Physical Location(s)

Physical location is the same as the mailing address.

Identification of Owners, Partners, and Officers

Social Security Number First Name Middle Initial Last Name Title Address

000-00-0001 Officer One CEO 159 Gold Ave, Gold Castle, NE

100 GOIG AVE

Organization Information

Organization Type 1: Corporation

Organization Type 2:

Federal ID Number: 470659270 Date First Paid Wages: 05/01/2015

Miscellaneous Company Information

Liable for FUTA?: PEO/Leasing Company?: Ν

If Out of State employer, are services of workers performed in

Nebraska?:

Nature of Business: Mining Principal Activity: Gold Acquire Predecessor?:

Acquisition Information

Name, Address, Phone of Bashful LLC 47-7777777 123 Fairy Tale Lane White Castle, NE 68717 402-

555-1234 Predecessor: Date Acquired: 05/01/2015

Predecessors UI Account Number:

Purchase All or Part: Part

Explanation: Acquisition Type: Purchase

Description:

Same Customers, Service, Product?: Y Transfer of Experience Choice: Apply Will Predecessor Remain in

Business:

If Yes, Location: Same as above.

Number of Employees:

If No, Date of Last Payroll:

Contact Information

Confirmation of Transfer Registration.

Notice all acquisition information.